

Discharge Reporting Form

PLEASE PRINT OR TYPE

DEP Form #_62-761.900(1)	
Form Title <u>Discharge Reporting Form</u>	
Effective Date	

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered):	2. Date of form completion: 5/3/17			
3. General information Facility name:	Telephone number: (V 42 Ave., Opg. Loc.): 12805 1/W 42 Ave.	ka, FL 33054 Opg-Locka, FL 33054	County: Miami - Dade	
4. Date of receipt of test results or discovery of confirmed discharge: 4/3/20/7 month/day/year		5. Estimated number of gallons discharged: 430		
6. Discharge affected: [] Air [V] Soil	[] Ground water [] Drinki	ng water well(s) [] Shoreline	[] Surface water (water body name)	
7. Method of discovery (check all that apply) [] Liquid detector (automatic or manual) [] Vapor detector (automatic or manual) [] Tightness test [] Pressure test [] Statistical Inventory Reconciliation	[] Internal inspection [] Inventory control [] Monitoring wells [] Automatic tank gauging [] Manual tank gauging	[] Closure/Closure Assessme [] Groundwater analytical sa: [] Soil analytical tests or sam [✔Visual observation [] Other	mples	
8. Type of regulated substance discharged: ([] Unknown	oil [] Jet fuel [Diesel] substances from USTs above repor		[] New/lube oil [] Mineral acid ia, chlorine, and derivatives	
9. Discharge originated from a: (check all tha				
[] Dispensing system [] Pipe [] Tank [] Fitting [] Unknown [] Valve failure [] Other	[] Barge [] Tanker ship [] Other Vessel	[] Pipeline [] Railroad tankcar [] Tank truck	[Vehicle [] Airplane [] Drum	
10. Cause of the discharge: (check all that app [] Loose connection [] Puncture [/ Fire/explosion [] Overfill [] Other	[] Spill [] Human error	[] Collision [] Vehicle Accident	[] Corrosion [] Installation failure	
11. Actions taken in response to the discharge of the discharge. An Ostimate wa	: A company (CBI) us given and they we	vas Contacted to Come	perform the clean up.	
2. Comments:				
3. Agencies notified (as applicable): [] State Warning Point [] National Res	ponse Center V Fire Depar	tment. [] County Tanks Progra	am [] DEP (district/person)	
4. To the best of my knowledge and belief all (b) (6), (b) (7)(C)	information submitted on this fo	rm is (b) (6), (b) (7)(C)		

Printed Name of Owner, Operator or Authorized Representative

Signature of Owner, Operator or Authorized Representative.